



Advanced Orthopedic
& Sports Medicine Specialists

DR. HUNT'S KNEE EVALUATION FORM

Name: _____ Date of Birth: _____

Who referred you to our office? _____

Who is your primary care provider? _____

Which knee are you seeking evaluation for today? RIGHT LEFT BOTH

If both knees hurt, which is worse? RIGHT LEFT EQUAL

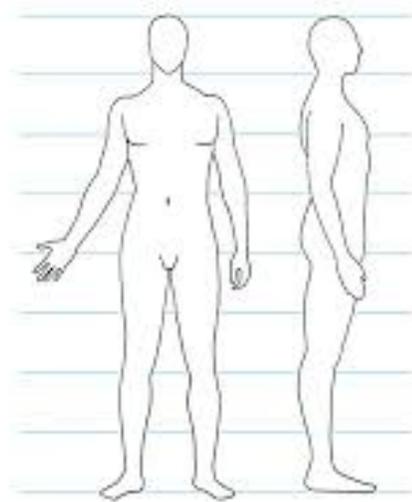
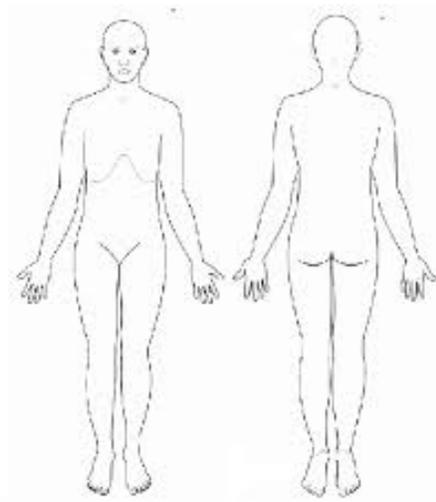
Have you had any prior knee surgery or knee procedures? (please circle side and list procedure below)

RIGHT LEFT Procedure: _____

RIGHT LEFT Procedure: _____

RIGHT LEFT Procedure: _____

Where does your knee hurt? Be as specific as you can by placing X's on the diagram in the location of your pain. You may place arrows from the X's to relate if there is any radiation of the pain to other locations in your leg.



Do you experience any painful clicking, popping, catching or locking of the knee? YES NO

If so, please explain. _____

Do you ever experience any knee swelling? YES NO

If so, what causes the swelling. _____

Does your knee ever feel unstable? (please circle) YES NO

If so, please describe. _____

What activities make your knee pain worse? (please circle all that apply)

WALKING STANDING STAIRS KNEELING/SQUATTING PROLONGED SITTING

OTHER: _____

What have you found that improves your knee pain?

Do you have any hip pain? (please circle) YES NO

If so, please describe: _____

Do you have any numbness or tingling in your legs? (please circle) YES NO

If so, please describe: _____

Attempted treatments:

-Have you modified your activities due to your knee pain? YES NO

-Do you exercise on a regular basis? YES NO If so, how often? _____

-Have you attempted to achieve or maintain a normal weight? YES NO

-Have you used any of the following pain/anti-inflammatory medications currently or in the past?

IBUPROFEN (Motrin/Advil) NAPROXEN (Aleve) OTHERS: _____

-Have you undergone any formal physical therapy? YES NO If so, how long? _____

-Have you tried a knee brace for your knee pain? YES NO

If so, which type of brace? Over the counter Unloader brace Other: _____

-Have you ever receive a knee injection for treatment of your knee pain?

-Steroid injection? YES NO If so, how many? _____

-Viscosupplement/Gel injection? YES NO If so, how many/type: _____

-If you have received injections in the past, were they effective? YES NO If so, how long? _____

-Please list any other treatments you have used for your knee pain.

Do you have any metal allergies or sensitivities? YES NO

Please list any other pertinent information about your knee complaints not listed above.
